

Mr & Mrs A Cousins

Levanto Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We undertook this unannounced inspection on 30 January 2017. Levanto Residential Care Home is registered to provide personal care and accommodation for a maximum of 20 older people some of which were living with dementia or physical disabilities. At this inspection there were 19 people living in the home.

At our last comprehensive inspection on 27 May 2016 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not ensured staff had acted in accordance with the requirements of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards for people living at the home.

After the comprehensive inspection, the registered provider sent us an action plan telling us how they would meet legal requirements. We undertook this focused inspection on 30 January 2017 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the specific breach of regulation from the last inspection, and one question we normally asked of services; 'Is the service effective?'. The other four questions; whether the service is 'safe', 'caring', 'responsive' and 'well led' were not looked at on this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Levanto Residential Care Home on our website at www.cqc.org.uk.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in May 2016 we found although staff sought people's consent for their day to day care, where people appeared to lack capacity, people's rights were not protected. This was because staff did not complete mental capacity assessments for all of the people that required them. There were no records to demonstrate staff involved relatives and other professionals in 'best interest' decisions about people's care and treatment. Some people were subject to restrictions on their liberty for their safety and well-being. We saw that only some applications had been made to deprive people of their liberty. this was not in line with the requirements of the Mental Capacity Act 2005.

At this inspection, we found that the provider had taken action to comply with the requirements of the Mental Capacity Act 2005. Improvements had been made in all of these areas and the breach of regulation had been met.

The provider sought authorisation if restrictions were in place to keep people from coming to harm. Staff understood which decisions people were not able to make for themselves and how to appropriately support them in their best interests.

People had their health needs met and had access to a range of health care professionals and records were kept of any visits or appointments along with any action required. People were supported to eat a healthy balanced diet and appropriate action was taken when concerns with people's dietary intake were identified.

Staff received effective levels of support and one to one supervision. Staff told us they felt supported by the management team. People were supported by staff who had completed relevant training to enable them to meet the assessed needs of the people who lived at the home. Staff were encouraged to develop their knowledge and skills by undertaking nationally recognised qualifications.

People's rooms had room numbers and photographs displayed to help people recognise their rooms. There were picture signs on toilets and bathrooms. People's preferences and personalities were reflected in the décor and personal items present in their rooms.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had their health needs met and had access to a range of health care professionals.

People were supported to eat a healthy balanced diet.

People were supported by staff who had completed relevant training to enable them to meet their needs.

Staff received effective levels of support and one to one supervision.

Levanto Residential Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Levanto Residential Care Home on 30 January 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 27 May 2016, had been made. We inspected the service against one of the five questions we ask about services: is the service effective? This was because the service was not meeting a legal requirement.

The inspection was undertaken by one adult social care inspector.

Before our inspection we reviewed the information we held about the home. This included the registered provider's action plan, which set out the action they would take to meet legal requirements. We looked the statutory notifications received. These are notifications about key events that occur at the service which the provider is required to send us as part of their CQC registration requirements.

To help us understand the experience of people who could not talk with us due to living with dementia, we used the principles of a Short Observational Framework for Inspections SOFI. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

During our inspection we spoke with four people who lived at the home. We also spoke the registered manager, deputy manager, five members of staff and a visiting health care professional. We looked at a range of documents including four people's care plans and risk assessments, three staff supervision and training records.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

During our last inspection of the home on 27 May 2016 we found the provider in breach of the regulation relating to the Mental Capacity Act 2005 (MCA). This was because the provider did not ensure the rights of people who potentially lacked capacity to make decisions for themselves were being supported. Staff had not completed mental capacity assessments for all of the people that required them. There were no records to demonstrate staff involved relatives and other professionals in best interests decisions about people's care and treatment. We saw that only some applications had been made to deprive people of their liberty.

At this inspection we found that the home had made improvements to address the areas of concern and bring the home up to the required standards. For example, the home had introduced mental capacity assessments for people who may be deemed as lacking capacity. These capacity assessments included information that was guided by the principles of the MCA in that they included how the service had acted in people's best interests and the least restrictive intervention being utilised. For example, one person was not able to make a decision that they needed to stay permanently in care. The person, their family and the registered manager were involved in a best interests decision meeting. All agreed that it was in the person's best interest to stay at the home.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that appropriate external health and social care professionals were involved in DoLS assessments for people who were under constant supervision and not free to leave the building for their own safety. Appropriate applications had been made to the local authority, which is the supervisory body for making decisions relating to DoLS, and were awaiting authorisation.

Staff we spoke with demonstrated an understanding of people's individual capacity and were able to share examples of decisions people were able to make for themselves. Such as, choosing their clothes for the day or where they wished to spend their time. Staff told us they gained people's consent, where they could, to carry out personal care tasks. Throughout our inspection we saw staff supporting people to make choices and asking people if they wanted support; gaining their consent to care before they took action. Following the previous inspection all staff were given workbooks on the MCA to complete. Staff told us they had completed workbooks and understood about capacity. The registered manager told us that a face to face training session was booked for staff to attend later in the year.

People benefitted from staff who received the training and support they needed for their role. Staff told us that when they started working at the home they completed an induction which provided them with training that the provider deemed necessary for their role. One member of care staff told us, "On my induction I completed training and shadowed other workers to help me know the people who live here and how they like to be supported."

Staff told us they received training that helped them to do their job. One member of care staff told us they had completed dementia awareness training and how they implemented the training in their everyday practice. They explained, "It makes you rethink how you do daily tasks. Now I always make sure if I am talking to a person I position myself in front of them and if they are sat down I bring myself down to their level. This can help reduce them being surprised if I speak to them". We observed staff using the skills they had learned when working with people. For example, using equipment safely to support people to mobilise and transfer.

There was a rolling programme of training available for all staff, which included, safeguarding, moving people, safe handling of medication, health and safety, Mental Capacity Act 2005 and emergency first aid. Staff had also recently completed specialist training which included dementia training, challenging behaviour and palliative care. Training was up to date, constantly reviewed by the registered manager and up dates were booked where necessary.

Staff told us they received regular supervisions with the management team. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support and discuss training needs. One staff member said "it gives you a chance to say if you have any problems, say what you need to say and discuss your performance".

People had sufficient to eat and drink. During our inspection we observed the food looked wholesome and appetising. People told us they enjoyed the food provided by the home. One person we spoke with told us, "It's fine, I don't really have a favourite food, I just like it all".

Menus were displayed in the dining area and staff assisted people with their choices. People were offered a choice of drinks and snacks throughout the inspection. People who needed assistance with eating and drinking were supported sensitively and discreetly by staff. Plate guards and specialist utensils were available for those who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support. Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for.

People had regular access to other healthcare professionals such as, G.P's, occupational therapists and other professionals. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, where people had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). Care plans contained details of recommendations made by SALT and we saw staff were following the recommendations. One visiting health care professional told us they had every confidence in the care provided by the staff at Levanto. They commented "Staff are all fully aware of all of the needs of the people living there. It's very much a team approach".

People's bedrooms were personalised with pictures, photographs and personal ornaments. People were encouraged to bring personal items and furniture in to their rooms to make them feel more at home. Individual bedrooms had doors with photographs or pictures to help people identify their room. We saw

easy to read pictorial signage was used in the home to help people identify important rooms or areas, such as their bedroom, toilets and bathrooms. Walls were decorated in contrasting colours from the floor coverings to make the environment more suitable for people living with dementia. The home had a highly patterned floor covering in the communal areas which was not suited to the needs of people living with dementia. We discussed this with the registered manager and provider at the time of our previous inspection.